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PTO/SB/01 (12-97)

Approved for rough 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	TM00-004.US
		First Named Inventor	KUNINS, Jeff, et. al.
<b>COMPLETE IF KNOWN</b>			
		Application Number	Not Yet Assigned 09/1592, 241 ug
		Filing Date	Herewith
		Group Art Unit	Not Yet Assigned 2124 ug
		Examiner Name	Not Yet Assigned GUBIOOTTI ug

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **METHOD AND APPARATUS FOR ZERO-FOOTPRINT PHONE APPLICATION DEVELOPMENT**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number **24488** 

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number  OR  Correspondence address below  
**24488**

Name	Erik L. Oliver					
Address	Tellme Networks, Inc.					
Address	1310 Villa Street					
City	Palo Alto		State	CA	ZIP	94041
Country	U.S.	Telephone	650-930-9000		Fax	650-930-9101

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname			
Jeff C.				Kunins			
Inventor's Signature						Date	
Residence: City	San Francisco	State	CA	Country	USA	Citizenship	USA
Post Office Address	23 Roscoe Street						
Post Office Address							
City	San Francisco	State	CA	ZIP	94110	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>4</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)				Family Name or Surname			
Hadi				Partovi			
Inventor's Signature					Date		
Residence: City	San Francisco	State	CA	Country	USA	Citizenship	USA
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Post Office Address							
City	San Francisco	State	CA	ZIP	94123	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)				Family Name or Surname			
Brandon William				Porter			
Inventor's Signature					Date		
City	Mountain View	State	CA	Country	USA	Citizenship	USA
Post Office Address	840 E. Dana Str						
Post Office Address							
City	Mountain View	State	CA	ZIP	94041	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)				Family Name or Surname			
Matthew Talin				Marx			
Inventor's Signature					Date		
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Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	USA

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Suppl m ntal She t  
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Angus Macdonald			Davis				
Inventor's Signature						Date	
Residence: City	Sunnyvale	State	CA	Country	USA	Citizenship	USA
Post Office Address	991 The Dalles Avenue						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Patrick			McCormick				
Inventor's Signature						Date	
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Post Office Address							
City	Sunnyvale	State	CA	ZIP	94089	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
John			Giannandrea				
Inventor's Signature						Date	
City	Mountain View	State	CA	Country	USA	Citizenship	Britain
Post Office Address	1310 Villa Street						
Post Office Address							
City	Mountain View	State	CA	ZIP	94041	Country	USA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>3</u> of <u>4</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Andrew			Clarke				
Inventor's Signature						Date	
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Post Office Address							
City	San Francisco	State	CA	ZIP	94121	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Tom			Thai				
Inventor's Signature						Date	
City	Palo Alto	State	CA	Country	USA	Citizenship	USA
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Post Office Address							
City	Palo Alto	State	CA	ZIP	94306	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Eckart			Walther				
Inventor's Signature						Date	
City	Palo Alto	State	CA	Country	USA	Citizenship	Germany
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>4</u> of <u>4</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Daniel Joseph			Howard				
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Post Office Address							
City	Mountain View	State	CA	ZIP	94041	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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James Robert			Everingham				
Inventor's Signature						Date	
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Post Office Address							
City	Santa Cruz	State	CA	ZIP	95060	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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